

**PAYEE REGISTRATION**  
**State of Michigan**  
**State Budget Office**  
**Office of Financial Management**  
**P.O. Box 30026**  
**Lansing, Michigan 48909**  
**Telephone: (888) 734-9749**  
**In Lansing: (517) 373-4111**  
**Fax Number: (517) 373-6458**

Form DMB – 20-OFM (04/01)

**AUTHORITY:** Act 431 of 1984.  
**COMPLETION:** Voluntary  
Completion necessary for inclusion  
In master vendor/payee file.

**1. TAX IDENTIFICATION NUMBER (TIN)**

(Use Social Security if sole proprietor)

FEIN

☐

SSN

☐

**2. NAME (Or Legal Business Name as Registered with IRS)**

Doing Business As: \_\_\_\_\_

**3. TYPE OF OWNERSHIP**

☐ Individual/Sole Proprietorship (Name of Individual \_\_\_\_\_)

First

Middle

Last

☐ Partnership (Partnership does not include marital status.)

☐ Government (Federal, State and Local)

☐ Non-Profit

☐ Non-Profit 501c(3)

☐ Corporation, State of \_\_\_\_\_

☐ Limited Liability Company, State of \_\_\_\_\_

**4. MAILING ADDRESS (Street and /or P.O. Box)**

Attn – 1: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Attn – 2: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**5. REMITTANCE ADDRESS (If different than above)**

Attn – 1: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Attn – 2: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**6. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_